EXHIBIT B

ATTENTION

Extremely Confidential Information Enclosed

The enclosed confidential information was requested by Riley & Riley , the authorized requestor. NIX MEDICAL CENTER - TX contracts with ScanSTAT Technologies or one of its' affiliates to reproduce exact copies of the original record as specified in the request letter. This information is confidential and protected by State and Federal laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA).

ScanSTAT and its affiliates serve as a "copy service" only at the discretion and instruction of NIX MEDICAL CENTER - TX. All authorized requests must be made directly to NIX MEDICAL CENTER - TX.

IMPORTANT: This transmission contains confidential information, some or all of which may be protected health information as defined by the Federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, disseminiation, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone to arrange the return or destruction of the information and all copies.

Thank You!

Our medical record professionals work hard to process your records securely and accurately. On behalf of our employees, affiliates, and their families, Thank you in advance for paying your bill on time.

ATTN: SAYRA GREEN
RILEY & RILEY
320 LEXINGTON AVE
San Antonio, TX 78215

06697ACFD4894A6EA27D

DARBY RILEY
BOARD CERTIFIED/CIVIL TRIAL LAW
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CHRIS RILEY, M.A.
LEGAL ASSISTANT

FACSIMILE TRANSMISSION COVER PAGE

Date: November 18, 2016

To: Nix Health
Medical Records

Fax No.: (210) 271-1978

Pages (including cover sheet): 10

Subject:

Our Client/Your Patient:	Sayra Green
Date of Incident:	April 11, 2014
Date of Birth:	July 9, 1981
Type of Incident:	Car Wreck

Please call (210) 225-7236 ext. 10 if you have any problems receiving or reading this transmission.

NOV 21 2016

320 Lexington Ave. San Antonio, TX 78215-1913 Tel: (210) 225-7236 Fax: (210) 227-7907

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CHRIS RILEY, M.A.
LEGAL ASSISTANT

November 18, 2016

Nix Health
Attn: Medical Records
414 Navarro
San Antonio, Texas 78205

Via Fax: (210) 271-1978

Our Client/Your Patient:	Sayra Green
Date of Incident:	April 11, 2014
Date of Birth:	July 9, 1981
Type of Incident:	Car Wreck

To Whom It May Concern:

Our firm represents Sayra Green concerning an incident which happened on April 11, 2014 in which she was severely injured. Enclosed please find a letter signed by Mrs. Green in which she requests that you provide us with her medical records in electronic form pursuant to the Hitech Act.

Please provide all medical records pertaining to your treatment of Mrs. Green since April 11, 2014. In addition, enclosed please find an Affidavit for the medical records for completion by your office. Please contact my office with the amount owed for the medical records in electronic form and the execution of the Affidavit.

Thank you for your prompt attention in this matter. Should you have any questions, please call 225-7236 Ext. 5.

Very truly yours,

Charles Riley

Authorization for Use and Disclosure of Protected Health Information

Patient Identification

Printed Name: Savra Green Date of Birth: 7/9/81

Address: 4210 Deer Cross Ln.
San Antonio, TX 78260

Social Security #: [redacted] Telephone:

Information to Be Release –Covering the Periods of Health Care

From (date) April 11, 2014 to (date) present

Please check type of information to be released:

Complete health record X	Diagnosis & treatment codes X	Discharge summary X
History and physical exam X	Consultation reports X	Progress notes X
Laboratory test results X	X-ray reports X	X-ray films / images X
Photographs, videotapes X	Complete billing record X	Itemized bill X

Other, (specify)

Purpose of Request

Treatment or consultation	At the request of the patient X	Billing or claims payment

Who and Where to Send/Release Information

Name: Savra Green c/o Charles Riley

Address: 320 Lexington Ave.

San Antonio, Texas 78215

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release

I understand that if my medical or billing records contain information in reference to drug and/or alcohol abuse and treatment, or in reference to HIV/AIDS (Acquired Immunodeficiency Syndrome) testing and/or treatment, I have been afforded the opportunity to sign a specific authorization. *Initial One:* Yes_____ No_____ Not Applicable X

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the physician or appropriate healthcare provider. Unless revoked, this authorization will expire on the following date or event _____ or 180 days from the date of signature.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Person Representative Who May Request Disclosure

I understand that I do not have to sign this authorization, and my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the protected health information to be used or disclosed. I authorize MX Health to release the protected health information specified above.

A copy of this authorization shall have the same force and effect as the original.

Signature: _____ Date: 11-17-16

Authority to Sign if not patient: _____

Identity of Requester Verified via: Photo ID Matching Signature Other, specify _____

Verified by: _____

THIS AUTHORIZATION IS PROVIDED PURSUANT TO THE 42 USC 17935, the "HITECH ACT"

Sayra Green
420 Deer Cross Ln.
San Antonio, Texas 78260

RE: Request for Copy of Medical Bills and Records in Electronic Form under THE HITECH ACT.

Dear [name]

I am, Sayra Green, whose date of birth is July 9, 1981. I was a patient under care in your facility from April 11, 2014 to present.

Pursuant to the HITECH Act, 42 U. S. C. A, §17935 € (1), and its regulations 45 CFR 164,524 (c) (4) (i), I hereby request electronic copies of [patient's first name] complete medical records and billing records on a CD(s) which were generated during and as a result of his/her treatment in your facility; and you are hereby direct that the CD containing the requested records be mailed to [name and address and telephone number of the attorney]. This request is for records in electronic form only.

Please be aware that the **HITECH Act** and this letter apply to this request under the following authority:

> **"If requested by an individual, a covered entity must transmit the copy of protected health information directly to another person designated by the individual" Federal Registry Jan. 25, 2013 Vol 78 No. 17, page 6634."**

We are not requesting paper copies. Do not bill us for paper copies. The HITECH Act and its regulations do not allow you to bill for paper copies when an Electronic Copy has been requested. Please call my attorney at (210) 225-7236 or fax him at (210) 225-7236 with the amount you intend to charge to comply with this request before sending the electronic records.

The requested records must be furnished either before or not later than 30 days from the date of this request. Please forward the Electronic Copies of my medical and billing records to my attorney, Charles Riley at 320 Lexington Avenue, San Antonio, Texas 78215; charlesriley@rileylawfirm.com.

To assure you understand your obligations under the HITECH Act, please find an article outlining them in compliance with this request.

Sincerely.

Sayra Green